

FEB 29 1928

University of California

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M. D., DIRECTOR

Weekly



Bulletin

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Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917

Vol. VII, No. 3

February 25, 1928

GUY P. JONES
EDITOR

DIET AND NUTRITION.

By M. E. JAFFA, M. S., Chief, Bureau of Food and Drugs.

One of our good poets has said:

"We can live without poetry, music or art,
Live without conscience, live without heart,
Live without knowledge, live without books,
But civilized man can not live without cooks.

"We can live without books, for what is
knowledge but grieving,
Live without hope, for what is hope but
deceiving,
Live without passion, for what is passion
but pining,
But where is the man who can live without
dining?"

The above is a truism that nobody can deny. But let us consider the word "dining" fundamentally, which, of course, means "eating." We should eat to live, not live to eat. That being the case, the next question is, what is the best method of eating? To properly answer this query, we must thoroughly understand the objects of eating.

There are many different ways of discussing this matter, but, for our purpose, we might well say that there are two main objects:

1. To promote growth and sustain life.
2. To maintain health and activity and ability to work.

Both of these objects must be kept in mind, if we are to eat intelligently.

To best accomplish the latter, we should realize, much more than is ordinarily done, that each of us possesses, carries with us, a replica, a facsimile of the oldest, most wonderful, most complete, elaborate chemical works ever known. Is there in this wide world of ours, in this most enlightened century of science and art (the most advanced in regard to chemistry the world has ever known) a chemist who can, from a mixture of meat, vegetables, bread, butter, milk, sugar and ice cream, make or manufacture muscle or blood, or bone? Yet this is exactly what our body laboratory is doing all the time, and furthermore, when we treat it intelligently, there are no "strikes" or "union troubles."

The most complex, the most fundamental, chemical and physical reactions are constantly going on. When the processes are normal, we have health and comfort and "pep." When otherwise, there result all forms of trouble from slight to serious diseases, etc. If we all more fully realized the foregoing we would be more willing to accept, to act in accordance with the latest advances in nutrition as announced by the scientists working in this connection.

If one has an electric sewing machine and some new improvement is offered whereby the operation is simplified, the cost of operation reduced—what will the owner do? She will immediately have such an accessory attached to her machine. Similarly in regard to a washing machine or electric iron.

Again, suppose a housekeeper had a nice lawn which had just been weeded and she reads in a scientific journal about a new kind of fertilizer, advertised by a reputable firm, which is admirably adapted for a lawn and, furthermore, would reduce the weeds to a minimum—what would be her reaction? She would purchase the fertilizer and use it and be glad ever afterwards.

Many other illustrations could be presented showing how the housewife profits by the progress of science in relation to housekeeping.

But, when a scientific advance in nutrition is announced, are we so prone to accept it, to act in accordance therewith? I think not. Professor Hopkins has, it seems to me, hit the nail on the head when he says:

"In many departments of human knowledge the teaching and guidance of science are accepted as final, because in these departments the knowledge arose in the first instance from scientific studies and from these alone. Progress in such categories depends entirely upon controlled and recorded observation or upon experiment, and these are the methods of science."

It is otherwise, one might be tempted to say, in regions where mankind can claim abundant and accumulated empirical experience. In connection with his own nutrition, man's experience has been—needless to say—coterminous with his whole existence. Science may explain that experience, but is unlikely, it might seem, to improve upon experience as a guide. It may supply theory, but where experience has been so great and so continuous it seems unlikely that it could do much to guide practice. This consideration, consciously or subconsciously accounts, I think, for a widespread feeling that the teachings of science about our food supply are of academic interest only.



"Somewhere in human nature there is still a structural weakness. We do not do as well as we know."—Calvin Coolidge.



Early rising and much bathing are profitable to keep a man in health and to increase his riches and wisdom.—Plato.

Examinations for Food and Sanitary Inspectors.

Following is an announcement of the California State Civil Service Commission of examinations for Food and Drug Inspector and Sanitary Inspector in the state service:

Sanitary Inspector, State Department of Public Health, Grade 2.

Last Day for Filing Applications, 31, 1928.

Salary: \$150 to \$175 a month.

Duties: Under specific direction and assignment, to inspect water supplies, sewage disposal systems, summer resorts, mountain camps, public institutions, common carriers, manufacturing plants, and such other establishments as may be necessary in connection with the enforcement of the state laws and regulations concerning sanitation; to assist in determining the causes of unsanitary conditions and to make recommendations as to their abatement; and to perform related work as required.

Requirements: Education equivalent to graduation from high school, not less than one year's experience in sanitary inspection or its equivalent in public health work; knowledge of the principles of sanitation; integrity, tact, and good judgment.

SCOPE OF EXAMINATION.

This examination will be entirely oral and will be conducted by a special board of examiners appointed by the Civil Service Commission. The education, experience and fitness of all applicants will be verified by references and confidential inquiry as well as by the personal interview with the examining board. Applicants must attain a rating of 70% in the examination in order to be considered eligible for the position examined for.

Food and Drug Inspector, State Department of Public Health, Grade 2.

Salary: \$150 to \$200 a month.

Duties: Under general supervision to inspect markets, groceries, hotels, restaurants, canneries, drug stores and all other places where foods and drugs are manufactured, produced, compounded, packed, stored, served or sold with reference to their conformity to the California Pure Food and Drugs Acts; to examine foods and drugs as to their fitness for human consumption; to secure samples of food or drugs suspected of being adulterated, misbranded or mislabeled; to assist in the prosecution of violators of the Pure Food and Drugs Acts by swearing to information for warrants and by giving testimony; and to perform related work as required.

Requirements: Education equivalent to graduation from high school; graduation in pharmacy; one year of experience in food and drug inspection or the equivalent of such experience in the inspection, manufacture or sale of foods and drugs under conditions where sanitation and purity are important factors; knowledge of California Pure Food and Drugs laws; knowledge of the principles of sanitation; tact, good judgment, and integrity. In the absence of the required education, common school education and two years additional experience in food and drug inspection will be required.

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CALIFORNIA STATE CIVIL SERVICE COMMISSION
W. A. JOHNSTONE, President.

Smallpox Cases
Show Big Drop.

The smallest number of smallpox cases in ten years were reported during the year 1927, when but 985 case reports were received by the California State Department of Public Health. The years 1924 and 1925 showed an exceptionally high incidence of smallpox in California, and while fewer cases were reported in 1926, the extreme virulence of the disease as it existed in the state during that year brought an exceptionally high mortality rate. Undoubtedly the large number of cases reported during the years immediately preceding 1927 and the increased numbers of successful vaccinations performed as a result of the high incidence have considerable to do with the small number of cases reported during 1927. There is significance in the fact that most individuals who contracted smallpox during 1927 and during preceding years as well had never been vaccinated against the disease. The California smallpox record has been decidedly unenviable for the past five years and there is considerable consolation in the low rate that prevailed last year. The following table gives complete data relative to the morbidity and mortality for smallpox in California during the past ten years:

Year	Cases	Case rate*	Deaths	Death rate*
1917	329	10.4	13	0.41
1918	1,016	31.2	3	0.09
1919	2,002	59.4	5	0.15
1920	4,492	129.1	7	0.20
1921	5,579	155.2	21	0.58
1922	2,129	57.6	20	0.54
1923	2,026	53.2	1	0.02
1924	9,445	241.3	56	1.43
1925	4,921	122.5	58	1.44
1926	2,794	67.5	236	5.69
1927	985	23.24	5	0.12

* Per 100,000 population.

So great is the effect of cleanliness upon man that it extends even to his moral character.—Rumford.

Typhoid Fever Deaths in California
1906-1926

Year	Number deaths	Rate per 100,000 population
1906	657	32.2
1907	558	26.3
1908	540	24.4
1909	461	20.0
1910	477	19.9
1911	444	17.8
1912	454	17.6
1913	436	16.3
1914	376	13.6
1915	276	9.4
1916	208	6.8
1917	225	7.1
1918	197	6.0
1919	185	5.5
1920	172	4.9
1921	147	4.1
1922	169	4.6
1923	152	4.0
1924	229	5.9
1925	118	2.93
1926	118	2.86
1927	107	2.59

Since there must be health for survival as well as for development of capacity, it is necessary that the people should know how to acquire it and maintain it, and health education is the most promising means through which this object can be achieved. But a mere increase in knowledge is not enough to safeguard health and prevent disease; the knowledge must be understood, accepted and practiced by the people. Health education has, in recent years, developed rapidly and has now reached a stage where its importance and value are being universally recognized. It comprises, however, so many aspects, and so many different activities are now concerned in it, that there is need for careful consideration of the present position and the requirements of the future in each country in order to guide it along the right lines and bring it into its true perspective in relation to the recognized methods of sanitary government.—Sir George Newman, Chief Medical Officer to the Ministry of Health, Great Britain.

MORBIDITY.*

Diphtheria.

109 cases of diphtheria have been reported, as follows: Alameda 2, Albany 1, Berkeley 4, Oakland 10, Humboldt County 2, Eureka 3, Imperial County 1, Los Angeles County 10, Alhambra 2, Compton 1, Glendale 2, Hermosa Beach 1, Long Beach 1, Los Angeles 12, Montebello 1, Pomona 1, Torrance 1, Mill Valley 1, Merced County 1, Napa 1, Grass Valley 2, Orange County 5, Santa Ana 4, Riverside 1, Sacramento 1, San Bernardino 3, San Diego County 1, San Diego 7, San Francisco 12, Stockton 4, San Mateo 1, Santa Clara County 2, Gilroy 2, San Jose 1, Benicia 1, Stanislaus County 1, Modesto 1, Tehama County 1, Tulare County 1.

Scarlet Fever.

247 cases of scarlet fever have been reported, as follows: Albany 3, Berkeley 6, Oakland 22, Contra Costa County 4, Martinez 6, Fresno County 15, Fresno 4, Eureka 8, Kern County 4, Bakersfield 3, Los Angeles County 12, Arcadia 1, Glendale 3, Glendora 1, Hermosa

*From reports received on February 20th and 21st for week ending February 18th.

Beach 1, Long Beach 2, Los Angeles 37, Pasadena 1, Pomona 1, Torrance 2, Lynwood 5, Maywood 1, San Rafael 1, Santa Ana 1, Riverside County 6, Elsinore 1, Riverside 3, Sacramento 3, Colton 2, San Diego County 2, Coronado 1, National City 1, San Diego 17, San Francisco 36, San Joaquin County 3, Lodi 3, Stockton 4, San Luis Obispo County 3, Daly City 4, Redwood City 1, Santa Barbara County 1, Santa Clara County 4, San Jose 1, Modesto 1, Tulare County 4, Ventura County 2.

Measles.

146 cases of measles have been reported, as follows: Berkeley 1, Oakland 2, San Leandro 1, Calaveras County 1, Fresno 2, Kern County 1, Hanford 1, Los Angeles County 9, Burbank 5, El Monte 5, Glendale 1, Hermosa Beach 2, Los Angeles 19, Monrovia 1, Hawthorne 2, Monterey County 1, Orange County 1, Santa Ana 1, Riverside County 4, Riverside 5, Sacramento 11, North Sacramento 1, Colton 1, San Bernardino 1, Oceanside 6, San Diego 8, San Francisco 39, San Luis Obispo 1, Santa Barbara County 1, Santa Barbara 6, Santa Clara County 2, San Jose 1, Sonoma County 1, Modesto 1, Yuba County 1.

Smallpox.

18 cases of smallpox have been reported, as follows: Alameda County 1, Oakland 12, San Leandro 1, Los Angeles County 1, Riverside County 1, San Diego 1, Stockton 1.

Typhoid Fever.

13 cases of typhoid fever have been reported, as follows: Chico 2, Bakersfield 1, Los Angeles County 1, Long Beach 1, Los Angeles 1, Pomona 1, Napa County 1, Orange 1, Hemet 1, Coronado 1, Solano County 1, Turlock 1.

Whooping Cough.

157 cases of whooping cough have been reported, as follows: Alameda 2, Berkeley 1, Oakland 1, Piedmont 3, Fresno 2, Kern County 3, Los Angeles County 8, Alhambra 1, Burbank 3, Claremont 3, Compton 3, Culver City 5, El Segundo 2, LaVerne 3, Long Beach 12, Los Angeles 14, South Gate 1, Orange County 16, Anaheim 1, Orange 5, Santa Ana 8, La Habra 2, Corona 2, Riverside 6, Oceanside 1, San Diego 28, San Francisco 8, Stockton 3, San Luis Obispo County 1, San Luis Obispo 1, Gilroy 2, Palo Alto 2, Sonoma County 1, Ventura County 2, Ojai 1.

Poliomyelitis.

7 cases of poliomyelitis have been reported, as follows: Alameda 1, Kern County 1, Alhambra 1, Los Angeles 1, Monterey County 1, San Diego County 2.

Meningitis (Epidemic).

8 cases of epidemic meningitis have been reported, as follows: Piedmont 1, Los Angeles 1, National City 1, San Francisco 2, Stockton 1, Daly City 1, Watsonville 1.

COMMUNICABLE DISEASE REPORTS.

Disease	1928				1927			
	Week ending			Reports for week ending Feb. 18 received by Feb. 21	Week ending			Reports for week ending Feb. 19 received by Feb. 23
	Jan. 28	Feb. 4	Feb. 11		Jan. 29	Feb. 5	Feb. 12	
Actinomycosis	0	0	0	1	0	0	0	0
Anthrax	0	0	0	0	0	0	0	0
Botulism	0	0	0	0	0	0	0	0
Chickenpox	514	464	592	515	660	517	738	504
Diphtheria	164	147	130	109	158	171	141	133
Dysentery (Bacillary) ..	0	2	4	0	2	0	0	0
Encephalitis (Epidemic) ..	1	1	0	0	1	1	2	1
Gonococcus Infection ..	98	97	121	102	86	146	141	60
Influenza	41	59	57	56	48	40	159	55
Jaundice (Epidemic)	0	0	2	0	2	7	0	0
Leprosy	0	0	0	0	0	0	0	0
Malaria	0	0	0	15	0	0	0	0
Measles	107	134	151	146	1938	2591	2538	2587
Meningitis (Epidemic) ..	8	5	9	8	7	9	7	8
Mumps	180	218	269	244	222	248	269	227
Paratyphoid Fever	0	0	0	0	0	0	2	0
Pneumonia (Lobar)	76	103	103	76	72	68	85	63
Poliomyelitis	2	17	14	7	3	2	2	1
Rabies (Animal)	19	19	18	18	5	11	20	8
Rocky Mt. Spotted Fever ..	0	0	0	0	0	0	0	0
Scarlet Fever	247	226	190	247	315	320	288	268
Smallpox	27	39	49	18	30	20	28	31
Syphilis	169	167	117	155	119	167	153	120
Tetanus	0	0	3	0	0	2	0	0
Trachoma	6	10	2	5	2	36	14	1
Trichinosis	3	2	0	1	1	0	1	2
Tuberculosis	233	232	188	164	183	162	197	178
Typhoid Fever	7	14	6	13	10	4	10	3
Typhus Fever	0	0	1	0	0	0	0	0
Whooping Cough	121	115	156	157	98	116	105	88
Totals	2023	2071	2182	2056	3962	4638	4900	4338

CALIFORNIA STATE PRINTING OFFICE